



## Public Access Defibrillator (PAD) Program Notification to Emergency Medical Services Agency

Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

Zip Code

Telephone: \_\_\_\_\_

Site Defibrillation Coordinator: \_\_\_\_\_

Name

Please describe the type of defibrillator, the number of machines, and the locations below.

---

---

---

---

Please FAX or mail to: San Mateo County EMS Agency  
225 37<sup>th</sup> Avenue  
San Mateo, CA 94403  
FAX (650) 573-2020

Telephone: (650) 573-2564